	CLAIMS ONLY		Application Number 10/537602		Filing Date	
			Applicant(s)			

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend								
1	1						51							
2		1					52							
3		1					53							
4							54							
5							55							
6							56							
7							57							
8	1						58							
9	1						59							
10		1					60							
11							61							
12		1					62							
13							63							
14							64							
15							65							
16							66							
17							67							
18							68							
19							69							
20		1					70							
21							71							
22							72							
23							73							
24							74							
25							75							
26							76							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	3						Total Indep							
Total Depend	17						Total Depend							
Total Claims	20						Total Claims							